FY2020 Open Enrollment
Health Care Spending Accounts (HCSA)
Dependent Care Assistance Program (DCAP)

We are excited to announce all enrollments for FY2020 Flexible Benefit Plans are online!

You may enroll in these benefits between
**Open Enrollment: April 3, 2019 – May 1, 2019**

Current Enrollees in the FY2019 FSA Program Administered by ASIFlex: Please use this enrollment process below.
New Enrollees to the GIC’s FY2020 FSA Program: Please complete the FSA enrollment e-form available at [www.benstrat.com/gic](http://www.benstrat.com/gic)

**HOW TO LOGIN:**
Open your browser (e.g. Internet Explorer) and log into our website: [https://benstrat.navigatorsuite.com/](https://benstrat.navigatorsuite.com/).

Create Username and Password
Create your account by selecting the “Create your new username and password” link and following the registration steps.

**User Identification (Step 1 of 3)**

Complete the information below to verify your identity.

- **First Name**
- **Last Name**
- **Zip Code**
- **SSN or Employee ID**

Step 1: Enter your First Name, Last Name, Zip Code and SSN or Employee ID.
Step 2: Select and enter your Security Questions.

Step 3: Choose your Username and Password.

- You can use the pre-assigned username or change to one you prefer
- Username’s may contain alphanumeric characters and any of the following special characters: period (.), at sign (@), underscore (_), and dash (-).
- Your password must have a minimum of 6 characters, contain both upper and lower case letters, and contain at least one number.

TIP! Be sure to take note of your username and password, and keep in a secure place, as you’ll need this to access your FY2020 account when logging in.
HOW TO BEGIN ENROLLMENT:

Step 4: If you are ready to enroll, click Enroll Now.

ENROLLING IN BENEFITS:

You will be guided step-by-step through the enrollment process, so just follow along, enter the required information and click on “Continue” after each screen.

Step 5: Click Begin Your Enrollment Now

Step 6: Verify/ update your Personal Information.

Profile

First Name: Taylor
Middle Initial: 
Last Name: Kalimes
Social Security Number: xxxxx-2333
Consumer Communication ID: 987654
Home Address:
Country: *(United States)
Address Line 1: 123 ABC Street
Address Line 2: 
City: *Manchester
State: *(New Hampshire)
Zip Code: 03101
Mailing Address: *(Same as Home Address)
Home Phone: 
Birth Date: *(07/23/1992)
Gender: *Female
Marital Status: *
Email Address: tchurch@petnet.com

Do you have any dependents? *Yes No
Step 7: Add and/or Verify Dependents to the system.

- Review any dependents already listed on your account.
- Enter your dependent’s information and click **Add to List** to add this dependent. Repeat this step for each eligible dependent you would like to add.

Step 8: Review Plan Rules.

- Your employer has listed important plan rules you should be aware of before you enroll. Read these rules carefully.
- Check **I have read and understand the Rules** for each plan.

Step 9: Make Plan Elections.

- Enter your annual election for each plan in which you want to enroll within the “Max Employee Election” as indicated to the right of the box.
- Click the **Calculate** button to view your estimated savings.
- Please note: minimum election is $250.
Step 10: Select the payment method for reimbursement.

- If you select Direct Deposit, you must complete the direct deposit set up.
- If you want to order a new card you must select FlexExpress Debit card and an alternate reimbursement method.

Step 11: Review/Complete your enrollment.

- Make sure you click Submit to complete enrollment.
**Step 12: Print Enrollment Confirmation.**

- Keep all enrollment information for your personal records.

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**Enrollment Confirmation**

Congratulations! You have successfully completed your enrollment in the FY2020 FSA Plan Year, starting July 1, 2019. Benefit Strategies will be providing your enrollment information to your agency coordinator.

Please print this page for your records.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Company Contribution</th>
<th>Employee Contribution</th>
<th>Estimated Per Paycheck Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 HSA</td>
<td></td>
<td>$2,700.00</td>
<td>$12.50</td>
</tr>
</tbody>
</table>

* Pay check reductions are based on your election and the number of scheduled pay periods within the plan year. True reductions will be determined by your employer.

You have chosen to be reimbursed by Check.

The payroll deduction to fund your spending accounts will begin on 7/9/2019 and end on your last paycheck of the plan year. You may begin filing claims for eligible expenses on 7/7/2019. All claims must be filed for expenses incurred while you are a participant, within the plan year 7/7/2019 - 6/30/2020.

You will receive a confirmation email with instructions on how to file a claim, check your account balance, and obtain additional information about your pre-tax benefits plans. You can also view this information now by downloading the Next document.

*For assistance, Benefit Strategies, LLC at 877.FlexGIC (1.877.353.9442)*